SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 19 OF 46 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) HUMANE SOCIETY LEGISLATIVE FUND				
Full Name (Last, First, Middle Initial) of Payer Colleen Elizabeth Crinion	е			Date
Mailing Address 2100 L Street NW				06 05 2012
Suite 310				Amount
City	State	Zip Code		2.62
Washington	DC	20037		Transaction ID : 2412034
Purpose of Expenditure Staff Time		Category/ Type	001	Office Sought: House State: VA Senate District: 08
Name of Federal Candidate Supported or Op James P Moran	posed by Expend	diture:		President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought			3.7	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Paye	е			Date
Michael Markarian				06 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2100 L Street NW				
Suite 310	Otata	7:- Cada		Amount
City Washington	State DC	Zip Code 20037		12.08
Purpose of Expenditure				Office Sought: House State. VA
Staff Time		Туре	001	Senate District: 08
Name of Federal Candidate Supported or Op James P Moran	posed by Expend	diture:		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		20.7	78	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Paye	e		Į.	Date
Sarah Butler				06 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2100 L Street NW				
Suite 310				Amount
City	State DC	Zip Code 20037		15.21
Washington Purpose of Expenditure		_		Transaction ID : 2412036 Office Sought: ▼ House State: VA
Staff Time		Туре	001	Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: James P Moran				Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		35.	99	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				29,91
(b) SUBTOTAL of Unitemized Independent Ex	penditures			•
(c) TOTAL Independent Expenditures(carry total from last page forward to				·